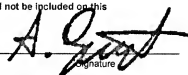


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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 03869.105761								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>12/17/05</u>		In re Application of Andreas Schmidt, et al. <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">Filed</td> </tr> <tr> <td style="padding: 2px;">10/559,890</td> <td style="padding: 2px;">December 6, 2005</td> </tr> </table> <hr/> For Method for Transmitting Messages in an MMS-Based Communication System <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">Examiner</td> </tr> <tr> <td style="padding: 2px;">2493</td> <td style="padding: 2px;">Rashid, Harunur</td> </tr> </table>	Application Number	Filed	10/559,890	December 6, 2005	Art Unit	Examiner	2493	Rashid, Harunur
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10/559,890	December 6, 2005									
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2493	Rashid, Harunur									
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>540.00</u> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-4871</u>. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div>										
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I am the  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record Registration number <u>59,143</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34. _____ </div> <div style="width: 35%; text-align: center;"> Signature Andreas H. Grubert <hr/> Typed or printed name 512 457.2025 <hr/> Telephone number December 23, 2010 <hr/> Date </div> </div>										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".										

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